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APPLICANTS

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**** CONTINUING DATA ********16 Nov***** FOREIGN APPLICATIONS ********16 Nov***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/20/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>K. M. M.</i> Examiner's Signature	<i>16</i> Initials			

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TITLE

Embolization

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